

PATENT
Attorney Docket No. 6370
THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Petersen, et al.

Serial No.: 10/075,120

Group No.:

Filed: February 13, 2002

For: Spinal Proprioception Methods and Related Systems

Commissioner for Patents Washington, D.C. 20231

COMPLETION OF FILING REQUIREMENTS

(check and complete this item, if applicable)

I. [X] This replies to the Notice to File Missing Parts of Application (PTO-1533) mailed April 11, 2002.

NOTE: If these papers are filed before the office letter issues, adequate identification of the original papers should be made, e.g., in addition to the name of the inventor and title of invention, the filing date based on the "Express Mail" procedure, the serial number from the return post card or the attorney's docket number added.

[X] A copy of the Notice to File Missing Parts of Application-Filing Date Granted (Form PTO-1533) is enclosed.

NOTE: The PTO requires that a copy of Form PTO-1533 be returned with the response to the notice to file missing parts to the application.

DECLARATION OR OATH

II. [X] No original declaration or oath was filed. Enclosed is a copy of the original declaration or oath for this application.

OR

[] The original declaration or oath which was filed was determined to be defective. A new original oath or declaration is attached.

NOTE: 37 CFR 1.41(a) points out that "Full names must be stated, including the family name and at least one given name without

abbreviation together with any other given name or initial."

NOTE: For surcharge fee for filing declaration after filing date complete item VI(3) below.

Reg. No. 35,853

Tel. No.: (414) 298-8359

Rodney D. DeKruif

Reinhart Boerner Van Deuren, s.c.

Attn: Linda Gabriel, Docket Clerk 1000 North Water Street, Suite 2100

Milwaukee, WI 53202

CERTIFICATION UNDER 37 CFR 1.08 MAILING

I nereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231, on this date: July 2, 2002

Mary Perez

Date:

July 2, 2002







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JUL 0	DECLARATION	N FOR UTILITY OR	Attorney Docke	et Number	6370					
TENT IREDEAN		ESIGN APPLICATION	First Named In		Clive Pai					
		FR 1.63)		COMPLETE IF KNOWN						
	☐ Declaration	□ Declaration	Application Num	nber 10 /	075,120					
	Submitted OR with Initial	Submitted after Init	tial Filing Date	Febr	uary 13, 2002					
	Filing	(37 CFR 1.16 (e))	Group Art Unit	3736						
•		required)	Examiner Name							
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	As a below named inve	ntor, I hereby declare that:	٠.							
	My residence, post office	address, and citizenship are	as stated below next to my	name.						
	I believe I am the original	, first and sole inventor (if on	y one name is listed below)	or an original, fir	st and joint invento	or (if plural				
	names are listed below) o	of the subject matter which is	•			ed:				
			EPTION METHODS AND R	ELATED SYSTE	MS					
	the specification of which is attached hereto OR		Title of the Invention)							
	was filed on (MM/D)	D/YYY) February 13, 200	2 as Unit	ted States Applic	ation Number or P	CT International				
	Application Number 10	/075,120 and w	as amended on (MM/DD/YY	Υη		(if applicable)				
		reviewed and understand the nent specifically referred to a		tified specificatio	n, including the cla	ims, as				
	I acknowledge the duty to	disclose information which is	s material to patentability as	defined in 37 CF	R 1.56.					
	certificate, or 365(a) of any America, listed below and h	ity benefits under 35 U.S.C PCT international applicati ave also identified below, by pplication having a filing date	on which designated at lead checking the box, any fore	ast one country eign application f	other than the User patent or inven-	nited States of				
	Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co YES	py Attached? NO				
	☐ Additional foreign applica	ation numbers are listed on a	supplemental priority data s	heet PTO/SB/02	B attached hereto					
	I hereby claim the benefit u	nder 35 U.S.C. 119(e) of any	United States provisional ap							
	Application Numbe	ηs) Filing Date	(MM/DD/YYYY)	_	J					

02/13/2001

Additional provisional application

numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden 'Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

60/268,296



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DECLARATION FOR UTILITY OR

Attorney Docket Number

6370

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
with Initial
Filing

OR .

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Numb	er 6370
First Named Inventor	Clive Pai
COMP	LETE IF KNOWN
Application Number	10 / 075,120
Filing Date	February 13, 2002
Group Art Unit	3736
Examiner Name	

As a below named inventor, I hereby declare that:											
My residence, post office address, and citizenship are as stated below next to my name.											
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
	SPINAL PROPRIOC	CEPTION METHODS AN	D RELATED SYSTEM	VIS							
the specification of which is attached hereto OR		(Title of the Invention)		٠.							
was filed on (MIM/DD/Y	YYY) February 13, 200	02 as	United States Applica	ition Number or P	CT International						
Application Number 10/075,120 and was amended on (MM/DD/YYYY) (if applicable)											
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.											
hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's ertificate, or 365(a) of any PCT international application which designated at least one country other than the United States of merica, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, rof any PCT international application having a filing date before that of the application on which priority is claimed.											
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co YES	py Attached? NO						
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☐ Additional foreign application					:						
I hereby claim the benefit unde	r 35 U.S.C. 119(e) of am										
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[Page 1 of 2]

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _ 1 _ of _ 2 _

Name of Additional	Joint Inventor, if any:			A petition has	bee	n filed for th	is un	signed inve	ntor	-
	me (first and middle [if any])		Family Name or Sumame							
Cheryl			Petersen							
Inventor's Signature								Date		
Residence: City	Port Washington	State	wı	Country		U.S.		Citizenshi	p	U.S.
Post Office Address	1085 Niagara Lane				·-···	· · ·				
Post Office Address				•						
City	Port Washington	State	wı	Zip	53	074	Co	untry	U.S.	
Name of Additional			A petition has	bee	n filed for thi	is un:	signed inver	ntor		
Given Nar				Fa	mily Name	or Su	mame		•	
Arvid		Brekke								
Inventor's Signature			I					Date		
Residence: City	Esko	State	MN	Country		U.S.		Citizenshi	o	U.S.
Post Office Address	96 West Palkie Road					20.				
Post Office Address	(0.4-14)									
City	Esko	State	MN	Zip	557	733	Co	intry	U.S.	
Name of Additional	Joint Inventor, if any:			A petition has	beer	n filed for thi	is uns	signed inver	ntor	
Given Nar	ne (first and middle [if any])				Fa	mily Name	or Su	mame		
Mary Ellen			Bulow							
Inventor's Signature								Date		
Residence: City	Palos Heights	State	IL	Country		U.S.		Citizenshi	ρ	U.S.
Post Office Address	6454 Fox Lane									
Post Office Address										
City	Palos Heights	State	IL.	Zip	604	463	Co	untry	U.S.	

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DECLARATION — Utility or Design Patent Application

hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. U.S. Parent Application or PCT Parent **Parent Filing Date Parent Patent Number** Number (MM/DD/YYYY) (if applicable) Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: × **Customer Number** 22922 Registered practitioner(s) name/registration number listed below Registration Registration Name Number Name Number Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to:

Customer Number or Bar Code Label Name Rodney D. DeKruif Address Reinhart Boerner Van Deuren s.c. Address 1000 North Water Street, Suite2100 City Milwaukee State ZIP 53202 Country U.S.A Telephone 414-298-8361 Fax 414-298-8097 hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Given Name (first and middle [if any]) Family Name or Surname Clive Pai Inventor's Signature Date Residence: City North Riverside State || Country Citizenship U.S. Post Office Address 2417 Park Avenue Post Office Address City North State ZIP IL 60546 Country U.S. Riverside Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

[Page 2 of 2]PTO/SB/02A (3-97) Approved for use through 9/30/98. OMB 0651-0032



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ADDITIONAL INVENTOR(S) Supplemental Sheet Page _ 1_ _ of _ 2_ _

Name of Additional	Joint inventor, if any:			A petition ha	s bee	n filed for th	is un	signed inve	ntor	
Given Na	me (first and middle [if any])		Family Name or Surname							
Cheryl		Petersen								
Inventor's Signature	Charle M	Jele	war					Date 5.1	6.02	
Residence: City	Port Washington	State	wı	WI Country U.S. Citizenship U.S.					U.S.	
Post Office Address -	1085 Niagara Lane									
Post Office Address										
City	Port Washington	nington State WI Zip 53074 Country U.S.								
Name of Additional	Joint Inventor, if any:			A petition has	bee	n filed for thi	is un:	signed inve	ntor	
Given Nar				Fa	mily Name	or Su	ımame			
Arvid		Brekke					• •		-	
Inventor's Signature	·							Date		
Residence: City	Esko	State	MN	Country		U.S.		Citizenshi	•	U.S.
Post Office Address	96 West Palkie Road									
Post Office Address										*
City	Esko	State	MN	Zip	557	733	Co	untry	U.S.	
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	ne (first and middle [if any])				Fa	mily Name	or Su	ımame		
Mary Ellen			Bulow							
Inventor's Signature								Date		
Residence: City	Palos Heights	State	IL.	Country		U.S.		Citizenshi	р	U.\$.
Post Office Address	6454 Fox Lane		=							
Post Office Address										
City	Palos Heights	State	IL	Zip	604	463	Co	untry	U.S.	

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _ 2 _ of _ 2 _

Name of Additiona	I Joint Inventor, if	any:	☐ A petition has been filed for this unsigned inventor								
Given N Erinn	ame (first and middle [i	f anyj)	Ewers	-	Family Nam	ne or Surname					
Inventor's Signature	3					Date					
Residence: City	Chicago	State	IL	Country	U.S.	Citizens	ship	U.S.			
Post Office Address	801 North Wabash	Avenue, #2N		·····				***			
Post Office Address								······			
City	Chicago	State	1L	Zip	60611	Country	U.S.				

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page _ 1 _ of _ 2 _

Name of Additional Joint Inventor, if any:						en filed for th	nis un	signed inve	ntor	
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Cheryl			Petersen							
Inventor's Signature		,						Date		•
Residence: City	Port Washington	State	WI	Countr	<u>'</u>	U.S.		Citizenshi	р	U.S.
Post Office Address	1085 Niagara Lane									
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Arvid		Brekke	;							
Inventor's Signature			:				Date			
Residence: City	Esko	State	MN	Country		U.S.		Citizenshi	ρ	U.S.
Post Office Address	96 West Palkie Road				_					•
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Mary Ellen			Bulow					·		
Inventor's Signature	Mary & By	low						Date 5/2	0/02	
Residence: City	Palos Heights	State	IL.	Country		U.S.		Citizenshi	P	U.S.
Post Office Address	6454 Fox Lane									
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DECLARATION — Utility or Design Patent Application

United States of United States of information white	I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.											
U.S.	Parent	Application Number		T Parent				ing Dat YYYY)	e		t Patent N f applicabl	
☐ Additional (J.S. or PC1	international app	olication r	numbers are l	isted on a	supple	mental pr	iority data	sheet	PTO/SB/	02B attached he	reto.
As a named Inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 22922												
Registration Registration Name Number Name Number												
☐ Additional n	egistered p	ractitioner(s) nam	ned on su	pplemental R	egistered	Practiti	oner Info	rmation st	neet P1	O/SB/02	attached here	о.
□ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: □ Customer Number or Bar Code Label 22922 OR □ Correspondence address below 22922												
Name	Rodney	D. DeKruif									<u> </u>	
Address	Reinhar	Boerner Van	Deuren	s.c.					,			
Address	1000 No	rth Water Stre	et, Sui	te2100								
City		Mi	wauke	0	•	S	tate	WI	ZIP	53202		/
Country		U.S.A.		Telephone		414-2	98-836 [.]	1	Fax	414-29	8-8097	
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Name of So	le or Fi	st Inventor:				□ A	petition	has bee	n file	d for this	s unsigned in	ventor
	Given Na	me (first and m	iddle [if	any])				Fam	ily Na	ne or Su	rname	
Inventor's		Clive				Pai						
Signature						· · · · · ·					Date	
Residence:	City	North Riversion	ie	State	IL	Co	untry	u.s.			Citizenship	U.S.
Post Office	Address	2417 Park Ave	enue								·	
Post Office	Address											·
City		North Riverside	State	1L	ZIP		605	46		Country	, U.	S.
	ventors a	re being named	on the _	2 supp	lemental	Additio	nal Inver	ntor(s) she	eet(s) i	PTO/SB/	02A attached h	ereto.

[Page 2 of 2]PTO/SB/02A (3-97) Approved for use through 9/30/98. OMB 0651-0032



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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page _ 1_ _ of _ 2_ _

Name of Additional	Joint Inventor, if any:		A petition has been filed for this unsigned inventor								
Given Na	me (first and middle [if any])	_	Family Name or Surname								
Cheryl	•		Petersen							•••	
Inventor's Signature					. –				Date		
Residence: City	Port Washington	State	wı		Country		U.S.		Citizenshi	р	U.S.
Post Office Address	1085 Niagara Lane										
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City	Port Washington	State WI Zip 53074 Country U.S.									
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Arvid		Brekke									
Inventor's Signature	arvid a	Brikk	L.						5-/5 Date	-200	2
Residence: City	Esko	State	MN		Country		U.S.		Citizenshi	p	U.S.
Post Office Address	96 West Palkie Road	**************************************									· •
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City	Esko	State	MN		Zip	557	'33	Co	untry	U.S.	
Name of Additional	Joint Inventor, if any:			Ap	etition has	beer	filed for thi	is uns	signed inver	ntor	
Given Nar	me (first and middle [if any])					Fa	mily Name	or Su	mame		
Mary Ellen	. •		Bulow			-					
Inventor's Signature									Date		
Residence: City	Palos Heights	State	<u>IL</u>		Country		U.S.		Citizenshi	р	U.S.
Post Office Address	6454 Fox Lane										
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DECLARATION

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ADDITIONAL INVENTOR(S) Supplemental Sheet Page _ 2__ of _ 2__

Name of Additional	Joint Inventor, if any:		A petition has been filed for this unsigned inventor							
Given Na Erinn	me (first and middle [if any])	Family Name or Sumame Ewers								
Inventor's Signature						Date				
Residence: City	Chicago	State	IL	Country	U.S.	Citizens	hip	U.S.		
Post Office Address	801 North Wabash Avenue,	#2N					_			
Post Office Address		,			·			_		
City	Chicago	State	IL.	Zip	60611	Country	U.S.			

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DECLARATION — Utility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
U.S.	U.S. Parent Application or PCT Parent Number					Parent Filing Date (MM/DD/YYYY)			e	Parent Patent Number (if applicable)			
													
☐ Additional U	J.S. or PCT	International app	lication r	numbers are lis	ted on a	supple	mental	priority data	sheet	PTO/SB/0	2B attached he	reto.	
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 22922													
☐ RegIstered practitioner(s) name/registration number listed below													
Name Name				Regist Num	Name			ame		stration mber			
☐ Additional r	egistered p	ractitioner(s) nam	ed on su	pplemental Re	gistered	Practiti	oner Inf	formation st	neet PT	O/SB/020	attached here	to.	
Direct all com		nce to: 🛛 Cus or B	tomer N ar Code		22	2922		OR [] Co	rrespond	ience addres	s below	
Name	Rodney	D. DeKruif											
Address	Reinhart	Boerner Van	Deurer	1 S.C.								_	
Address	1000 No	orth Water Stre	et, Sui	te2100					•		,	•	
City		Mil	wauke	ю		S	State WI ZIP 53202						
Country		U.S.A.	Telephone	elephone 414-2		98-8361 F		Fax	ax 414-298-8097				
believed to be punishable by t	beby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are wed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are hable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the cation or any patent issued thereon.												
Name of Sole or First Inventor:					☐ A petition has been filed for this unsigned inventor								
Given Name (first and middle [if any])				any])		Family Name or Surname							
Clive				i Pai									
Inventor's Signature			lin	· ta	ν V						Date	5/15/02	
Residence: City		North Riversion	ie	State IL		Co	Country U.S.				Citizenship	U.S.	
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ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2_ of 2__

Name of Additional Joint Inventor, if any:			A petition has been filed for this unsigned inventor							
Given N	ame (first and middle [if anyi)				Femily Nan	ne or Surname				
Erinn			Ewers							
Inventor's Signature	Eiin	٤.	Ewe	حبد		Date	/3/02			
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